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| Fill in this information to identify your case: |                                 |                                 |
|-------------------------------------------------|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|                                                 | Chapter 7                       |                                 |
|                                                 | ☐ Chapter 11                    |                                 |
|                                                 | ☐ Chapter 12                    |                                 |
|                                                 | ☐ Chapter 13                    | Check if this an amended filing |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself                                                                                                |                                                   |    |                                              |
|----|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----|----------------------------------------------|
|    |                                                                                                                        | About Debtor 1:                                   | Ak | pout Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name                                                                                                         |                                                   |    |                                              |
|    | Write the name that is on                                                                                              | James                                             |    |                                              |
|    | your government-issued                                                                                                 | First name                                        | Fi | rst name                                     |
|    | picture identification (for example, your driver's license or passport).  Bring your picture                           | Α.                                                |    |                                              |
|    |                                                                                                                        | Middle name                                       | Mi | iddle name                                   |
|    |                                                                                                                        | Mahaina                                           |    |                                              |
|    | identification to your                                                                                                 | Nehring  Last name and Suffix (Sr., Jr., II, III) | La | ast name and Suffix (Sr., Jr., II, III)      |
|    | meeting with the trustee.                                                                                              |                                                   |    |                                              |
|    |                                                                                                                        |                                                   |    |                                              |
| 2. | All other names you have used in the last 8 years                                                                      |                                                   |    |                                              |
|    | Include your married or                                                                                                |                                                   |    |                                              |
|    | maiden names.                                                                                                          |                                                   |    |                                              |
|    |                                                                                                                        |                                                   |    |                                              |
| 3. | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number | xxx-xx-8671                                       |    |                                              |
|    | (ITIN)                                                                                                                 |                                                   |    |                                              |
|    |                                                                                                                        |                                                   |    |                                              |

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Case number (if known)

Debtor 1 James A. Nehring

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have ■ I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 10520 Highland Ave Worth, IL 60482 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this have lived in this district longer than in any other petition, I have lived in this district longer than district. in any other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 James A. Nehring

| 7.         | The chapter of the Bankruptcy Code you are                                                                        | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                                                             |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |
|------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|            | choosing to file under                                                                                            | Chapter 7                                                                                                                                                                                               |                                                                             |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         | Chapter 11                                                                  |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         | Chapter 12                                                                  |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         | Chapter 13                                                                  |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |
| 3.         | How you will pay the fee                                                                                          | •                                                                                                                                                                                                       | about how you may p                                                         | pay. Typically, if you are paying the fee your is submitting your payment on your behavior.                                         | k with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with  |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         |                                                                             | e in installments. If you choose this optional fallments (Official Form 103A).                                                      | on, sign and attach the Application for Individuals to Pay                                                                                                                           |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         | I request that my fee<br>but is not required to,<br>that applies to your fa | e be waived (You may request this option<br>waive your fee, and may do so only if you<br>amily size and you are unable to pay the f | n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line see in installments). If you choose this option, you must fill |  |  |  |  |
|            | Have you filed for                                                                                                |                                                                                                                                                                                                         |                                                                             | Have the Chapter / Filing Fee Walved (                                                                                              | Official Form 103B) and file it with your petition.                                                                                                                                  |  |  |  |  |
| <b>,</b> . | bankruptcy within the                                                                                             | ■ N                                                                                                                                                                                                     |                                                                             |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |
|            | last 8 years?                                                                                                     | ПΥ                                                                                                                                                                                                      |                                                                             |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         |                                                                             |                                                                                                                                     | Case number                                                                                                                                                                          |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         | District                                                                    | When                                                                                                                                | Case number                                                                                                                                                                          |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         | District                                                                    | When                                                                                                                                | Case number                                                                                                                                                                          |  |  |  |  |
| 10.        | Are any bankruptcy cases pending or being                                                                         | ■ N                                                                                                                                                                                                     | 0                                                                           |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |
|            | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Y                                                                                                                                                                                                     | es.                                                                         |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         | Debtor                                                                      |                                                                                                                                     | Relationship to you                                                                                                                                                                  |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         | District                                                                    | When                                                                                                                                | Case number, if known                                                                                                                                                                |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         | Debtor                                                                      |                                                                                                                                     | Relationship to you                                                                                                                                                                  |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         | District                                                                    | When                                                                                                                                | Case number, if known                                                                                                                                                                |  |  |  |  |
| 11.        | Do you rent your residence?                                                                                       | ■ N                                                                                                                                                                                                     | O. Go to line 12.                                                           |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |
|            | residence?                                                                                                        | □ Y                                                                                                                                                                                                     | es. Has your landle                                                         | ord obtained an eviction judgment agains                                                                                            | t you and do you want to stay in your residence?                                                                                                                                     |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         |                                                                             | to line 12.                                                                                                                         |                                                                                                                                                                                      |  |  |  |  |
|            |                                                                                                                   |                                                                                                                                                                                                         |                                                                             |                                                                                                                                     |                                                                                                                                                                                      |  |  |  |  |

| Deb                                                                                                                                                                 | tor 1 James A. Nehring                                                                                                                                          |             | Doc 1                       | Document                                                                                                                                                                                                                                        | Page 4 of 48  Case number (if known)                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Part                                                                                                                                                                | t3: Report About Any Bu                                                                                                                                         | ısinesses ' | You Own a                   | s a Sole Proprietor                                                                                                                                                                                                                             |                                                                                |
| 12.                                                                                                                                                                 | Are you a sole proprietor of any full- or part-time business?                                                                                                   | ■ No.       | Go to P                     | art 4.                                                                                                                                                                                                                                          |                                                                                |
|                                                                                                                                                                     |                                                                                                                                                                 | ☐ Yes.      | Name a                      | nd location of business                                                                                                                                                                                                                         |                                                                                |
|                                                                                                                                                                     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |             | Name o                      | f business, if any                                                                                                                                                                                                                              |                                                                                |
|                                                                                                                                                                     | If you have more than one sole proprietorship, use a separate sheet and attach                                                                                  |             | Number                      | r, Street, City, State & ZIF                                                                                                                                                                                                                    | P Code                                                                         |
|                                                                                                                                                                     | it to this petition.                                                                                                                                            |             | Check t                     | he appropriate box to des                                                                                                                                                                                                                       | scribe your business:                                                          |
|                                                                                                                                                                     |                                                                                                                                                                 |             |                             | Health Care Business (as                                                                                                                                                                                                                        | s defined in 11 U.S.C. § 101(27A))                                             |
|                                                                                                                                                                     |                                                                                                                                                                 |             |                             | Single Asset Real Estate                                                                                                                                                                                                                        | (as defined in 11 U.S.C. § 101(51B))                                           |
|                                                                                                                                                                     |                                                                                                                                                                 |             |                             | Stockbroker (as defined in                                                                                                                                                                                                                      | n 11 U.S.C. § 101(53A))                                                        |
|                                                                                                                                                                     |                                                                                                                                                                 |             |                             | Commodity Broker (as de                                                                                                                                                                                                                         | efined in 11 U.S.C. § 101(6))                                                  |
|                                                                                                                                                                     |                                                                                                                                                                 |             |                             | None of the above                                                                                                                                                                                                                               |                                                                                |
| Chapter 11 of the deadlines. If you indicate that you are a small business deb operations, cash-flow statement, and federal income tax ret in 11 U.S.C. 1116(1)(B). |                                                                                                                                                                 |             | s. If you indins, cash-flow | nust know whether you are a small business debtor so that it can set appropriate business debtor, you must attach your most recent balance sheet, statement cincome tax return or if any of these documents do not exist, follow the procedure. |                                                                                |
|                                                                                                                                                                     | For a definition of small                                                                                                                                       | ■ No.       | ramno                       | thing and on onaptor 11.                                                                                                                                                                                                                        |                                                                                |
|                                                                                                                                                                     | business debtor, see 11 U.S.C. § 101(51D).                                                                                                                      | □ No.       | I am filir<br>Code.         | ng under Chapter 11, but                                                                                                                                                                                                                        | I am NOT a small business debtor according to the definition in the Bankruptcy |
|                                                                                                                                                                     |                                                                                                                                                                 | ☐ Yes.      | I am filir                  | ng under Chapter 11 and                                                                                                                                                                                                                         | I am a small business debtor according to the definition in the Bankruptcy Cod |
| Par                                                                                                                                                                 | t 4: Report if You Own or                                                                                                                                       | Have Any    | / Hazardou                  | s Property or Any Prope                                                                                                                                                                                                                         | erty That Needs Immediate Attention                                            |
| 14.                                                                                                                                                                 | Do you own or have any                                                                                                                                          | ■ No.       |                             |                                                                                                                                                                                                                                                 |                                                                                |
|                                                                                                                                                                     | property that poses or is alleged to pose a threat                                                                                                              | ☐ Yes.      |                             |                                                                                                                                                                                                                                                 |                                                                                |
|                                                                                                                                                                     | of imminent and                                                                                                                                                 |             | What is th                  | o hazard?                                                                                                                                                                                                                                       |                                                                                |

identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 James A. Nehring

s A. Nehring Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-20966 Doc 1 Filed 06/28/16 Entered 06/28/16 15:19:21 Desc Main Document Page 6 of 48

Case number (if known) Debtor 1 James A. Nehring Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under ☐ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do □ 25,001-50,000 **1**,000-5,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 □ 200-999 19. How much do you □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million How much do you □ \$1,000,001 - \$10 million □ \$0 - \$50,000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James A. Nehring Signature of Debtor 2 James A. Nehring Signature of Debtor 1 Executed on June 28, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 James A. Nehring Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

|                        | s W. Toolis<br>Attorney for Debtor | Date          | June 28, 2016<br>MM / DD / YYYY |
|------------------------|------------------------------------|---------------|---------------------------------|
| Thomas W               | •                                  |               | , 227                           |
| Printed name           | 1. 100113                          |               |                                 |
| Frankfort<br>Firm name | Law Group                          |               |                                 |
|                        | st Lincoln Highway                 |               |                                 |
| Frankfort,             |                                    |               |                                 |
| Number, Street,        | City, State & ZIP Code             |               |                                 |
| Contact phone          | 708-349-9333                       | Email address | twt@jtlawllc.com                |
| 6270743                |                                    |               |                                 |
| Bar number & C         | tato                               |               |                                 |

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|                    |                          | DUCUITIO          | TIL FAUC O UL 40 |                                      |
|--------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your  | case:             |                  |                                      |
| Debtor 1           | James A. Nehring         | 3                 |                  |                                      |
|                    | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2           |                          |                   |                  |                                      |
| Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number        |                          |                   |                  |                                      |
| if known)          |                          |                   |                  | ☐ Check if this is an amended filing |

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |                                                                                                                                                                                                    | Your a     | assets<br>of what you own |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                              | \$         | 0.00                      |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       |            | 400.00                    |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$         | 400.00                    |
| Pai | t 2: Summarize Your Liabilities                                                                                                                                                                    |            |                           |
|     |                                                                                                                                                                                                    |            | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$         | 0.00                      |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$         | 40,000.00                 |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$         | 81,139.19                 |
|     | Your total liabilities                                                                                                                                                                             | \$         | 121,139.19                |
| Pai | t 3: Summarize Your Income and Expenses                                                                                                                                                            |            |                           |
| ١.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$         | 1,133.00                  |
| i.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$         | 1,405.00                  |
| aı  | 4: Answer These Questions for Administrative and Statistical Records                                                                                                                               |            |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other s | chedules.                 |
| 7.  | ■ Yes What kind of debt do you have?                                                                                                                                                               |            |                           |
| ••  | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a                                                                                       | a persona  | ıl, family, or            |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 James A. Nehring

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ | 1,133.00 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
|    |                                                                                                                                                                              | ĺ  |          |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:                                                                             | Tota | al claim  |
|------------------------------------------------------------------------------------------------------------------------------|------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$_  | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$_  | 40,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$_  | 0.00      |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$_  | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ _ | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$   | 40,000.00 |

Case 16-20966 Doc 1 Filed 06/28/16 Entered 06/28/16 15:19:21 Desc Main Page 10 of 48 Document Fill in this information to identify your case and this filing: Debtor 1 James A. Nehring Middle Name Last Name First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number ☐ Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No ☐ Yes 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No ☐ Yes. Describe.....

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

☐ Yes. Describe.....

|    |               | Case 16-2096                                                          | 66 Doc 1          | Filed 06/28/16<br>Document | Entered 06/28/16 15:19:21<br>Page 11 of 48     | Desc Main                                                                         |
|----|---------------|-----------------------------------------------------------------------|-------------------|----------------------------|------------------------------------------------|-----------------------------------------------------------------------------------|
| D  | ebtor 1       | James A. Nehring                                                      | J                 | Document                   | Case number (if know                           | n)                                                                                |
| 8. | Example  No   | bles of value es: Antiques and figurir other collections, m  Describe |                   |                            | ooks, pictures, or other art objects; stamp, c | oin, or baseball card collections;                                                |
| 9. |               | ent for sports and holes: Sports, photographi<br>musical instrument   | ic, exercise, and | other hobby equipment;     | bicycles, pool tables, golf clubs, skis; cano  | es and kayaks; carpentry tools;                                                   |
| 40 |               | Describe                                                              |                   |                            |                                                |                                                                                   |
| 10 | ■ No          |                                                                       | guns, ammunitio   | n, and related equipmer    | nt                                             |                                                                                   |
| 11 | □ No          |                                                                       | furs, leather coa | ts, designer wear, shoes   | s, accessories                                 |                                                                                   |
|    |               | Eve                                                                   | ryday Clothin     | 9                          |                                                | \$400.00                                                                          |
|    | ■ No □ Yes.   |                                                                       | costume jewelry   | , engagement rings, wed    | lding rings, heirloom jewelry, watches, gem    | s, gold, silver                                                                   |
| 10 | Examp<br>■ No | Describe                                                              | horses            |                            |                                                |                                                                                   |
| 14 | ■ No          | her personal and hou                                                  | -                 | u did not already list, i  | ncluding any health aids you did not list      |                                                                                   |
| 1  |               |                                                                       |                   | rom Part 3, including a    | any entries for pages you have attached        | \$400.00                                                                          |
| P  | art 4: De     | scribe Your Financial Ass                                             | sets              |                            |                                                |                                                                                   |
| D  | o you ow      | vn or have any legal o                                                | r equitable inte  | rest in any of the follow  | ving?                                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | ■ No          |                                                                       |                   | our home, in a safe dep    | osit box, and on hand when you file your pe    | etition                                                                           |
| 17 | Examp         | institutions. If you                                                  |                   | counts with the same in    | ·                                              | ge houses, and other similar                                                      |
|    | ☐ Yes         |                                                                       |                   | Institution r              | name:                                          |                                                                                   |

Official Form 106A/B Schedule A/B: Property page 2 Case 16-20966 Doc 1 Filed 06/28/16 Entered 06/28/16 15:19:21 Desc Main Document Page 12 of 48

Case number (if known) Debtor 1 James A. Nehring 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Official Form 106A/B Schedule A/B: Property page 3

|                      | Case 16-20966                                                                                               |                                                    | ed 06/28/16<br>ocument | Entered 06/28/16 15:19:21<br>Page 13 of 48         | Desc Main                  |
|----------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------|----------------------------------------------------|----------------------------|
| Debtor 1             | James A. Nehring                                                                                            |                                                    |                        | Case number (if known)                             |                            |
| ■ No                 |                                                                                                             | 7                                                  | upport, child suppo    | ort, maintenance, divorce settlement, propert      | y settlement               |
| Exam                 | amounts someone owes ynples: Unpaid wages, disabilities benefits; unpaid loans  . Give specific information | ty insurance payme                                 |                        | efits, sick pay, vacation pay, workers' compe      | ensation, Social Security  |
|                      | sts in insurance policies  apples: Health, disability, or life                                              | e insurance; health                                | savings account (      | HSA); credit, homeowner's, or renter's insura      | ince                       |
|                      | . Name the insurance compa<br>Comp                                                                          | any of each policy a<br>pany name:                 | nd list its value.     | Beneficiary:                                       | Surrender or refund value: |
| If you<br>some<br>No | are the beneficiary of a living one has died.  Give specific information                                    |                                                    |                        | d surance policy, or are currently entitled to rec | ceive property because     |
| Exam<br>■ No         | s against third parties, who apples: Accidents, employmen  Describe each claim                              |                                                    |                        | it or made a demand for payment<br>s to sue        |                            |
| ■ No                 | contingent and unliquidate  . Describe each claim                                                           | ed claims of every                                 | nature, includin       | g counterclaims of the debtor and rights t         | o set off claims           |
| ■ No                 | nancial assets you did not . Give specific information                                                      | already list                                       |                        |                                                    |                            |
|                      |                                                                                                             |                                                    |                        | ny entries for pages you have attached             | \$0.00                     |
| Part 5: De           | escribe Any Business-Related I                                                                              | Property You Own or                                | Have an Interest In    | . List any real estate in Part 1.                  |                            |
| ■ No. G              | own or have any legal or equita<br>to to Part 6.<br>Go to line 38.                                          | able interest in any bi                            | usiness-related pro    | perty?                                             |                            |
| Part 6: De           | escribe Any Farm- and Comme<br>you own or have an interest in far                                           | rcial Fishing-Related<br>mland, list it in Part 1. | Property You Own       | or Have an Interest In.                            |                            |
| ■ No                 | u own or have any legal or . Go to Part 7. s. Go to line 47.                                                | equitable interest                                 | in any farm- or o      | commercial fishing-related property?               |                            |
| Part 7:              | Describe All Property You C                                                                                 | own or Have an Intere                              | est in That You Did I  | Not List Above                                     |                            |
|                      | u have other property of an                                                                                 |                                                    | t already list?        |                                                    |                            |

■ No

 $\hfill \square$  Yes. Give specific information.......

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Case number (if known) Document Debtor 1 James A. Nehring 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00

List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 56. \$0.00 57. Part 3: Total personal and household items, line 15 \$400.00 Part 4: Total financial assets, line 36 58. \$0.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$400.00 Copy personal property total \$400.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$400.00

Schedule A/B: Property Official Form 106A/B page 5 Case 16-20966 Doc 1 Filed 06/28/16 Entered 06/28/16 15:19:21 Desc Main

|                       | Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ISC 10-20300 L                                            | Document                                                          | Page 15 of 4                          | 120/10 13.13<br>18                | 9.21 Desc Main                                                                                                        |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Fill                  | in this inforr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mation to identify your                                   |                                                                   | 1 440 ±0 01                           |                                   |                                                                                                                       |
| Deb                   | otor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | James A. Nehring                                          | 1                                                                 |                                       |                                   |                                                                                                                       |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First Name                                                | Middle Name                                                       | Last Name                             | _                                 |                                                                                                                       |
|                       | otor 2<br>use if, filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | First Name                                                | Middle Name                                                       | Last Name                             |                                   |                                                                                                                       |
| Uni                   | ted States Ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nkruptcy Court for the:                                   | NORTHERN DISTRICT OF                                              | ILLINOIS                              |                                   |                                                                                                                       |
| Cas                   | se number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                                                                   |                                       |                                   |                                                                                                                       |
|                       | nown)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |                                                                   |                                       |                                   | ☐ Check if this is an amended filing                                                                                  |
| Of                    | ficial Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rm 106C                                                   |                                                                   |                                       |                                   |                                                                                                                       |
| Sc                    | chedul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e C: The Pro                                              | pperty You Cla                                                    | im as Exer                            | mpt                               | 4/16                                                                                                                  |
| the p                 | property you li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | isted on <i>Schedule A/B: F</i> id attach to this page as | Property (Official Form 106A/B)                                   | as your source, list the              | e property that you               | or supplying correct information. Using<br>u claim as exempt. If more space is<br>y additional pages, write your name |
| func<br>exer<br>to th | h. may be un to a propertion t | ınlimited in dollar amoı                                  | unt. However, if you claim ar<br>and the value of the proper      | exemption of 100% of                  | of fair market val                | benefits, and tax-exempt retirement<br>ue under a law that limits the<br>nt, your exemption would be limited          |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | •                                                                 | 'f                                    |                                   |                                                                                                                       |
| 1.                    | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | aiming? Check one only, eve                                       | , ,                                   | g with you.                       |                                                                                                                       |
|                       | ■ You are cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | aiming state and federal                                  | nonbankruptcy exemptions.                                         | 11 U.S.C. § 522(b)(3)                 |                                   |                                                                                                                       |
|                       | ☐ You are cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | aiming federal exemption                                  | ns. 11 U.S.C. § 522(b)(2)                                         |                                       |                                   |                                                                                                                       |
| 2.                    | For any prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | perty you list on Sched                                   | ule A/B that you claim as exe                                     | mpt, fill in the inform               | ation below.                      |                                                                                                                       |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on of the property and line that lists this property      | on Current value of the portion you own                           | Amount of the exempti                 | on you claim                      | Specific laws that allow exemption                                                                                    |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | Copy the value from<br>Schedule A/B                               | Check only one box for a              | each exemption.                   |                                                                                                                       |
|                       | Everyday C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Clothing<br>hedule A/B: 11.1                              | \$400.00                                                          | <b>.</b>                              | \$400.00                          | 735 ILCS 5/12-1001(a)                                                                                                 |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                                   | ☐ 100% of fair ma<br>any applicable s | rket value, up to statutory limit |                                                                                                                       |
| 3.                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | mption of more than \$160,37<br>d every 3 years after that for ca |                                       |                                   |                                                                                                                       |

Yes

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| Fill in this infor  | mation to identify your  | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | James A. Nehring         | 9                 |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |

#### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

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|                                                                       | Case 10 20000 Doo                                                                                                                                                                                                                   | Document                                                                                                                                       | Page 17 of 4                                                           | 48                                                                          | 21 00                                            | ,50 1110                             | AII 1                                            |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|--------------------------------------------------|
| Fill in thi                                                           | s information to identify your case                                                                                                                                                                                                 |                                                                                                                                                |                                                                        |                                                                             |                                                  |                                      |                                                  |
| Debtor 1                                                              | James A. Nehring                                                                                                                                                                                                                    |                                                                                                                                                |                                                                        |                                                                             |                                                  |                                      |                                                  |
|                                                                       | First Name                                                                                                                                                                                                                          | Middle Name                                                                                                                                    | Last Name                                                              |                                                                             |                                                  |                                      |                                                  |
| Debtor 2<br>(Spouse if, fi                                            | First Name                                                                                                                                                                                                                          | Middle Name                                                                                                                                    | Loot Name                                                              |                                                                             |                                                  |                                      |                                                  |
| ` '                                                                   | o,                                                                                                                                                                                                                                  | Middle Name                                                                                                                                    | Last Name                                                              |                                                                             |                                                  |                                      |                                                  |
| United St                                                             | ates Bankruptcy Court for the: NC                                                                                                                                                                                                   | ORTHERN DISTRICT OF ILLI                                                                                                                       | INOIS                                                                  |                                                                             |                                                  |                                      |                                                  |
| Case nun                                                              | nber                                                                                                                                                                                                                                |                                                                                                                                                |                                                                        |                                                                             |                                                  |                                      |                                                  |
| (if known)                                                            |                                                                                                                                                                                                                                     |                                                                                                                                                |                                                                        |                                                                             |                                                  | Check if                             | this is an                                       |
|                                                                       |                                                                                                                                                                                                                                     |                                                                                                                                                |                                                                        |                                                                             |                                                  | amende                               | d filing                                         |
| Official                                                              | Form 106E/F                                                                                                                                                                                                                         |                                                                                                                                                |                                                                        |                                                                             |                                                  |                                      |                                                  |
|                                                                       | ule E/F: Creditors Who                                                                                                                                                                                                              | Have Unsecured (                                                                                                                               | Claims                                                                 |                                                                             |                                                  |                                      | 12/15                                            |
| any execute<br>Schedule G<br>D: Creditor<br>the Continu<br>number (if | <u> </u>                                                                                                                                                                                                                            | ould result in a claim. Also list<br>eases (Official Form 106G). Do i<br>y. If more space is needed, cop<br>information to report in a Part, o | executory contracts<br>not include any credi<br>y the Part you need, f | on Schedule A/B: Pro<br>itors with partially sec<br>fill it out, number the | perty (Officia<br>cured claims<br>entries in the | al Form 1<br>that are li<br>boxes or | 06A/B) and on isted in Schedule the left. Attach |
| Part 1:                                                               | List All of Your PRIORITY Unsecu                                                                                                                                                                                                    |                                                                                                                                                |                                                                        |                                                                             |                                                  |                                      |                                                  |
|                                                                       | y creditors have priority unsecured clair<br>. Go to Part 2.                                                                                                                                                                        | ns against you?                                                                                                                                |                                                                        |                                                                             |                                                  |                                      |                                                  |
| ■ Ye                                                                  |                                                                                                                                                                                                                                     |                                                                                                                                                |                                                                        |                                                                             |                                                  |                                      |                                                  |
| identify<br>possib<br>1. If mo                                        | I of your priority unsecured claims. If a of your type of claim it is. If a claim has both le, list the claims in alphabetical order accorder than one creditor holds a particular clain explanation of each type of claim, see the | n priority and nonpriority amounts,<br>ording to the creditor's name. If yo<br>m, list the other creditors in Part 3                           | list that claim here and bu have more than two 3.                      | d show both priority and priority unsecured clair                           | d nonpriority a<br>ms, fill out the              | amounts. A<br>Continua               | As much as tion Page of Part                     |
|                                                                       |                                                                                                                                                                                                                                     |                                                                                                                                                |                                                                        | Total claim                                                                 | Priority amount                                  |                                      | Nonpriority<br>amount                            |
| 2.1                                                                   | NTERNAL REVENUE SERVICE                                                                                                                                                                                                             | Last 4 digits of account                                                                                                                       | number                                                                 | \$40,000.00                                                                 |                                                  | \$0.00                               | \$40,000.00                                      |
| P                                                                     | riority Creditor's Name<br>PO Box 7346<br>Philadelphia, PA 19101-7346                                                                                                                                                               | When was the debt incu                                                                                                                         | urred? 2006, 20                                                        | 007                                                                         |                                                  |                                      |                                                  |
|                                                                       | umber Street City State Zlp Code                                                                                                                                                                                                    | As of the date you file, t                                                                                                                     | the claim is: Check al                                                 | I that apply                                                                |                                                  |                                      |                                                  |
| Who                                                                   | incurred the debt? Check one.                                                                                                                                                                                                       | ☐ Contingent                                                                                                                                   |                                                                        |                                                                             |                                                  |                                      |                                                  |
| <b>■</b> D                                                            | ebtor 1 only                                                                                                                                                                                                                        | ☐ Unliquidated                                                                                                                                 |                                                                        |                                                                             |                                                  |                                      |                                                  |
| □D                                                                    | ebtor 2 only                                                                                                                                                                                                                        | ☐ Disputed                                                                                                                                     |                                                                        |                                                                             |                                                  |                                      |                                                  |
| □D                                                                    | ebtor 1 and Debtor 2 only                                                                                                                                                                                                           | Type of PRIORITY unse                                                                                                                          | cured claim:                                                           |                                                                             |                                                  |                                      |                                                  |
| <b>□</b> A                                                            | t least one of the debtors and another                                                                                                                                                                                              | ☐ Domestic support obli                                                                                                                        | igations                                                               |                                                                             |                                                  |                                      |                                                  |
| □с                                                                    | heck if this claim is for a community de                                                                                                                                                                                            | ebt Taxes and certain oth                                                                                                                      | ner debts you owe the                                                  | government                                                                  |                                                  |                                      |                                                  |
|                                                                       | e claim subject to offset?                                                                                                                                                                                                          | ☐ Claims for death or pe                                                                                                                       |                                                                        |                                                                             |                                                  |                                      |                                                  |
| ■ N                                                                   |                                                                                                                                                                                                                                     | Other. Specify                                                                                                                                 |                                                                        |                                                                             |                                                  |                                      |                                                  |
| □ Y                                                                   | es                                                                                                                                                                                                                                  | Inc                                                                                                                                            | ome Tax Due                                                            |                                                                             |                                                  |                                      |                                                  |
| Part 2:                                                               | List All of Your NONPRIORITY Ur                                                                                                                                                                                                     | nsecured Claims                                                                                                                                |                                                                        |                                                                             |                                                  | _                                    |                                                  |
| 3. Do an                                                              | y creditors have nonpriority unsecured                                                                                                                                                                                              | claims against you?                                                                                                                            |                                                                        |                                                                             |                                                  | _                                    |                                                  |
| □ No.                                                                 | . You have nothing to report in this part. Su                                                                                                                                                                                       | ubmit this form to the court with yo                                                                                                           | our other schedules.                                                   |                                                                             |                                                  |                                      |                                                  |
| ■ Yes                                                                 | ·                                                                                                                                                                                                                                   | . ,                                                                                                                                            |                                                                        |                                                                             |                                                  |                                      |                                                  |
| <b>-</b> res                                                          | ა.                                                                                                                                                                                                                                  |                                                                                                                                                |                                                                        |                                                                             |                                                  |                                      |                                                  |

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Debtor 1 James A. Nehring Case number (if know) 4.1 Atq Credit Llc Last 4 digits of account number 5142 \$205.00 Nonpriority Creditor's Name 1700 W Cortland St When was the debt incurred? Opened 9/01/10 Ste 2 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Cardiology Internal ☐ Yes Other. Specify **Medicine C** 4.2 Check Systems, Inc. Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? **Attn: Customer Relations** 7805 Hudson Road, Ste 100 Woodbury, MN 55125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice Only ☐ Yes 4.3 Donald G. Seiler Last 4 digits of account number 0920 \$75,115.00 Nonpriority Creditor's Name 308 Raven Drive When was the debt incurred? Manteno, IL 60950 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes

Other. Specify

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| Deptoi | James A. Nenring                                                              | Case number (if know)                                                                                     |          |
|--------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------|
| 4.4    | Equifax Information Services, LLC                                             | Last 4 digits of account number                                                                           | \$0.00   |
|        | Nonpriority Creditor's Name P.O. Box 740256                                   | When was the debt incurred?                                                                               |          |
|        | Atlanta, GA 30374-0256  Number Street City State Zlp Code                     | As of the date you file, the claim is: Check all that apply                                               |          |
|        | Who incurred the debt? Check one.                                             | ☐ Contingent                                                                                              |          |
|        | ■ Debtor 1 only                                                               | ☐ Unliquidated                                                                                            |          |
|        | ☐ Debtor 2 only                                                               | ☐ Disputed                                                                                                |          |
|        | ☐ Debtor 1 and Debtor 2 only                                                  | Type of NONPRIORITY unsecured claim:                                                                      |          |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans                                                                                           |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|        | ■ No                                                                          | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|        | Yes                                                                           | Other. Specify Notice Only                                                                                |          |
| 4.5    | ERC/Enhanced Recovery Corp                                                    | Last 4 digits of account number 7341                                                                      | \$853.00 |
|        | Nonpriority Creditor's Name 8014 Bayberry Rd                                  | When was the debt incurred? Opened 9/01/15                                                                |          |
|        | Jacksonville, FL 32256                                                        | Opened 9/01/15                                                                                            |          |
|        | Number Street City State Zlp Code                                             | As of the date you file, the claim is: Check all that apply                                               |          |
|        | Who incurred the debt? Check one.                                             | ☐ Contingent                                                                                              |          |
|        | ■ Debtor 1 only                                                               | ☐ Unliquidated                                                                                            |          |
|        | Debtor 2 only                                                                 | <u> </u>                                                                                                  |          |
|        | ☐ Debtor 1 and Debtor 2 only                                                  | ☐ Disputed  Type of NONPRIORITY unsecured claim:                                                          |          |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans                                                                                           |          |
|        | ☐ Check if this claim is for a community debt                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |          |
|        | Is the claim subject to offset?                                               | report as priority claims                                                                                 |          |
|        | ■ No                                                                          | Debts to pension or profit-sharing plans, and other similar debts                                         |          |
|        | Yes                                                                           | ■ Other. Specify Collection Attorney Tmobile                                                              |          |
| 4.6    | Experian                                                                      | Last 4 digits of account number                                                                           | \$0.00   |
| ,      | Nonpriority Creditor's Name                                                   |                                                                                                           | <u> </u> |
|        | P.O. Box 9701<br>Allen, TX 75013-9701                                         | When was the debt incurred?                                                                               |          |
|        | Number Street City State Zlp Code                                             | As of the date you file, the claim is: Check all that apply                                               |          |
|        | Who incurred the debt? Check one.                                             | • • • • • • • • • • • • • • • • • • • •                                                                   |          |
|        | Debtor 1 only                                                                 | ☐ Contingent                                                                                              |          |
|        | Debtor 2 only                                                                 | ☐ Unliquidated                                                                                            |          |
|        | Debtor 1 and Debtor 2 only                                                    | Disputed                                                                                                  |          |
|        | At least one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:                                                                      |          |
|        | ☐ Check if this claim is for a community debt                                 | ☐ Student loans                                                                                           |          |
|        | Is the claim subject to offset?                                               | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|        | ■ No                                                                          | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|        | ☐ Yes                                                                         | Other Specify Notice Only                                                                                 |          |
|        |                                                                               |                                                                                                           |          |

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Debtor 1 James A. Nehring Case number (if know) 4.7 **Matco Tools** Last 4 digits of account number 2905 \$1,445.00 Nonpriority Creditor's Name Attn: Carrie Opened 1/01/10 Last Active 4403 Allen Rd When was the debt incurred? 6/02/11 Stow, OH 44224 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Secured 4.8 **Merchants Credit** Last 4 digits of account number 0271 \$460.00 Nonpriority Creditor's Name 223 W Jackson Blvd When was the debt incurred? Opened 3/01/10 Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Palos Emergency ☐ Yes Other. Specify **Medical Servic** 4.9 **Ntl Acct Srv** Last 4 digits of account number 3380 \$367.00 Nonpriority Creditor's Name 1246 University Av When was the debt incurred? Saint Paul, MN 55104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Fifth Third Bank ☐ Yes

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Case number (if know)

| Debioi | James A. Neming                                                               |                                                                  | Case Hulliber (II know)                      |          |
|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|----------|
| 4.10   | Pinnacle Credit Services                                                      | Last 4 digits of account number                                  | 5076                                         | \$558.00 |
|        | Nonpriority Creditor's Name Po Box 640                                        | When was the debt incurred?                                      | Opened 12/01/14                              |          |
|        | Hopkins, MN 55343  Number Street City State Zlp Code                          | As of the date you file, the claim i                             | s: Check all that apply                      |          |
|        | Who incurred the debt? Check one.                                             | ☐ Contingent                                                     |                                              |          |
|        | Debtor 1 only                                                                 | ☐ Unliquidated                                                   |                                              |          |
|        | ☐ Debtor 2 only                                                               | ☐ Disputed                                                       |                                              |          |
|        | ☐ Debtor 1 and Debtor 2 only                                                  | Type of NONPRIORITY unsecured                                    | d claim:                                     |          |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans                                                  |                                              |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |          |
|        | ■ No                                                                          | Debts to pension or profit-sharin                                | g plans, and other similar debts             |          |
|        | ☐ Yes                                                                         | ■ Other. Specify                                                 | Company Account Verizon                      |          |
| 4.11   | Portfolio Recovery                                                            | Last 4 digits of account number                                  | 4189                                         | \$424.00 |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 41067                     | When was the debt incurred?                                      | Opened 8/01/11                               |          |
|        | Norfolk, VA 23541 Number Street City State Zlp Code                           | As of the date you file, the claim i                             | s: Check all that apply                      |          |
|        | Who incurred the debt? Check one.                                             | ☐ Contingent                                                     |                                              |          |
|        | Debtor 1 only                                                                 | ☐ Unliquidated                                                   |                                              |          |
|        | ☐ Debtor 2 only                                                               | ☐ Disputed                                                       |                                              |          |
|        | Debtor 1 and Debtor 2 only                                                    | Type of NONPRIORITY unsecured                                    | d claim:                                     |          |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans                                                  |                                              |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims     | ration agreement or divorce that you did not |          |
|        | ■ No                                                                          | Debts to pension or profit-sharin                                | g plans, and other similar debts             |          |
|        | ☐ Yes                                                                         | ■ Other. Specify                                                 | Company Account Hsbc Bank<br>A.              |          |
| 4.12   | Stellar Recovery Inc                                                          | Last 4 digits of account number                                  | 5975                                         | \$314.00 |
|        | Nonpriority Creditor's Name<br>1327 Hwy 2 W                                   | When was the debt incurred?                                      | Opened 5/01/12                               |          |
|        | Suite 100<br>Kalispell, MT 59901                                              |                                                                  | <b>Opolica</b> 0/01/12                       |          |
|        | Number Street City State Zlp Code                                             | As of the date you file, the claim i                             | s: Check all that apply                      |          |
|        | Who incurred the debt? Check one.                                             | ☐ Contingent                                                     |                                              |          |
|        | Debtor 1 only                                                                 | ☐ Unliquidated                                                   |                                              |          |
|        | Debtor 2 only                                                                 | Disputed                                                         |                                              |          |
|        | Debtor 1 and Debtor 2 only                                                    | Type of NONPRIORITY unsecured                                    | d claim:                                     |          |
|        | At least one of the debtors and another                                       | ☐ Student loans                                                  |                                              |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |          |
|        | ■ No                                                                          | Debts to pension or profit-sharing                               | g plans, and other similar debts             |          |
|        | ☐ Yes                                                                         | Other. Specify Collection                                        | Attorney Comcast                             |          |

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Debtor 1 James A. Nehring Case number (if know) 4.13 Steven J. Fink & Associates Last 4 digits of account number 2988 \$1,398.19 Nonpriority Creditor's Name 25 East Washington, Ste 1233 When was the debt incurred? **Various** Chicago, IL 60602 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection/AT&T ☐ Yes 4.14 \$0.00 **TransUnion Consumer Solutions** Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 2000 When was the debt incurred? Chester, PA 19022-2002 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes **Notice Only** Other, Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim** Domestic support obligations 6a. 0.00 6a. **Total claims** from Part 1 Taxes and certain other debts you owe the government 6b. 40,000.00 6b. Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 40,000.00 **Total Claim** 6f Student loans 6f. 0.00 **Total claims** Obligations arising out of a separation agreement or divorce that you from Part 2 6a. 0.00 6g. did not report as priority claims

6h.

6i.

6j.

Debts to pension or profit-sharing plans, and other similar debts

Total Nonpriority. Add lines 6f through 6i.

Other. Add all other nonpriority unsecured claims. Write that amount here.

6h.

6i.

0.00

81,139.19

81,139.19

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|                     |                          | Docume            | IIL I duc 23 01 <del>7</del> 0 |  |
|---------------------|--------------------------|-------------------|--------------------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                                |  |
| Debtor 1            | James A. Nehring         | 3                 |                                |  |
|                     | First Name               | Middle Name       | Last Name                      |  |
| Debtor 2            |                          |                   |                                |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                      |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                    |  |
| Case number         |                          |                   |                                |  |
| (if known)          |                          |                   |                                |  |

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>, Street, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|----------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 |           |              |                                                    |                   |                                         |
|     | Name      |              |                                                    |                   | _                                       |
|     | Number    | Street       |                                                    |                   |                                         |
|     | City      |              | State                                              | ZIP Code          |                                         |
| 2.2 |           |              |                                                    |                   |                                         |
|     | Name      |              |                                                    |                   |                                         |
|     | Number    | Street       |                                                    |                   | _                                       |
|     | City      |              | State                                              | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |                                                    |                   |                                         |
|     | Name      |              |                                                    |                   |                                         |
|     |           |              |                                                    |                   |                                         |
|     |           |              |                                                    |                   | <u> </u>                                |
|     | Number    | Street       |                                                    |                   |                                         |
|     | City      |              | State                                              | ZIP Code          | <del>_</del>                            |
| 2.4 | Oity      |              | Otato                                              | Zii Oodo          |                                         |
| 2.7 | Name      |              |                                                    |                   | <u> </u>                                |
|     | INdille   |              |                                                    |                   |                                         |
|     |           |              |                                                    |                   |                                         |
|     | Number    | Street       |                                                    |                   |                                         |
|     |           |              |                                                    |                   | _                                       |
|     | City      |              | State                                              | ZIP Code          |                                         |
| 2.5 |           |              |                                                    |                   | <u> </u>                                |
|     | Name      |              |                                                    |                   |                                         |
|     |           |              |                                                    |                   |                                         |
|     | Number    | Street       |                                                    |                   |                                         |
|     |           |              |                                                    |                   |                                         |
|     | City      |              | State                                              | ZIP Code          | _                                       |
|     |           |              |                                                    |                   |                                         |

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|                  |                                                                 | Docume                       | ent Page 24 (            | or 48                   |                                                                        |
|------------------|-----------------------------------------------------------------|------------------------------|--------------------------|-------------------------|------------------------------------------------------------------------|
| Fill in this     | information to identify your                                    | case:                        |                          |                         |                                                                        |
| Dobtor 1         | James A. Nahaina                                                |                              |                          |                         |                                                                        |
| Debtor 1         | James A. Nehring                                                | Middle Name                  | Last Name                |                         |                                                                        |
| Debtor 2         |                                                                 |                              |                          |                         |                                                                        |
| (Spouse if, fili | ng) First Name                                                  | Middle Name                  | Last Name                | -                       |                                                                        |
| United Sta       | ates Bankruptcy Court for the:                                  | NORTHERN DISTRICT            | OF ILLINOIS              |                         |                                                                        |
|                  | , ,                                                             |                              |                          |                         |                                                                        |
| Case num         | ber                                                             |                              |                          |                         |                                                                        |
| (if known)       |                                                                 |                              |                          |                         | Check if this is an                                                    |
|                  |                                                                 |                              |                          |                         | amended filing                                                         |
| Officia          | l Form 106H                                                     |                              |                          |                         |                                                                        |
|                  |                                                                 |                              |                          |                         |                                                                        |
| Sched            | lule H: Your Cod                                                | ebtors                       |                          |                         | 12/15                                                                  |
|                  |                                                                 |                              |                          |                         |                                                                        |
|                  | and case number (if known) you have any codebtors? (If          |                              |                          | e as a codebtor.        |                                                                        |
|                  |                                                                 |                              |                          |                         |                                                                        |
| ■ No             |                                                                 |                              |                          |                         |                                                                        |
| ☐ Yes            | 3                                                               |                              |                          |                         |                                                                        |
| 2. Wit           | hin the last 8 years, have you                                  | I lived in a community p     | roperty state or territo | ry? (Community propert  | ty states and territories include                                      |
|                  | na, California, Idaho, Louisiana                                |                              |                          |                         |                                                                        |
| _                |                                                                 |                              |                          |                         |                                                                        |
|                  | Go to line 3.                                                   |                              |                          |                         |                                                                        |
| ⊔ Yes            | s. Did your spouse, former spo                                  | use, or legal equivalent liv | e with you at the time?  |                         |                                                                        |
|                  |                                                                 |                              |                          |                         |                                                                        |
|                  |                                                                 |                              |                          |                         | ng with you. List the person shown                                     |
|                  |                                                                 |                              |                          |                         | he creditor on Schedule D (Officia<br>, Schedule E/F, or Schedule G to |
|                  | t Column 2.                                                     | i i oriii 100L/i ), or ochec |                          | ood). Ose Schedule D,   | , Schedule Lift, of Schedule 3 to                                      |
|                  |                                                                 |                              |                          | 0 / 0 <b>=</b>          |                                                                        |
|                  | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code                       |                          | Check all schedule      | editor to whom you owe the debt                                        |
|                  | , , , , ,                                                       |                              |                          | Officer all soffication | оз тат арріу.                                                          |
| 3.1              |                                                                 |                              |                          | ☐ Schedule D, line      | е                                                                      |
|                  | Name                                                            |                              |                          | ☐ Schedule E/F, I       | ine                                                                    |
|                  |                                                                 |                              |                          | ☐ Schedule G, lin       | e                                                                      |
| =                | Number Street                                                   |                              |                          | <u> </u>                |                                                                        |
|                  | City                                                            | State                        | ZIP Code                 |                         |                                                                        |
|                  |                                                                 |                              |                          |                         |                                                                        |
|                  |                                                                 |                              |                          |                         |                                                                        |
| 3.2              | Name                                                            |                              |                          | Schedule D, line        |                                                                        |
|                  | Hamo                                                            |                              |                          | ☐ Schedule E/F, I       |                                                                        |
|                  |                                                                 |                              |                          | ☐ Schedule G, lin       | e                                                                      |
|                  | Number Street                                                   | _                            |                          | <del>_</del>            |                                                                        |
|                  | City                                                            | State                        | ZIP Code                 |                         |                                                                        |

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|                     |                                                                                                                                                                 |                                                      |                                                     |                     |                | ı         |             |                          |                             |                   |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|---------------------|----------------|-----------|-------------|--------------------------|-----------------------------|-------------------|
| Fill                | in this information to identify your o                                                                                                                          |                                                      |                                                     |                     |                |           |             |                          |                             |                   |
| Del                 | otor 1 James A. No                                                                                                                                              | ehring                                               |                                                     |                     | _              |           |             |                          |                             |                   |
|                     | otor 2                                                                                                                                                          |                                                      |                                                     |                     | _              |           |             |                          |                             |                   |
| Uni                 | ted States Bankruptcy Court for the                                                                                                                             | : NORTHERN DISTRIC                                   | CT OF ILLINOIS                                      |                     | _              |           |             |                          |                             |                   |
|                     | se number<br>nown)                                                                                                                                              |                                                      |                                                     |                     |                | □ Ai      |             | ed filing<br>ent showin  | ng postpetition             |                   |
| 0                   | fficial Form 106I                                                                                                                                               |                                                      |                                                     |                     |                |           | M / DD/ \   |                          |                             |                   |
|                     | chedule I: Your Inc                                                                                                                                             | ome                                                  |                                                     |                     |                | IVI       | ו /טט / ואו | 7 7 7                    |                             | 12/15             |
| sup<br>spo<br>atta  | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The Describe Employment | are married and not fili<br>r spouse is not filing w | ng jointly, and your ith you, do not inclu          | spouse<br>ude infor | is liv<br>mati | ving with | you, inc    | lude infor<br>ouse. If m | mation abou<br>ore space is | t your<br>needed, |
| 1.                  | Fill in your employment<br>information.                                                                                                                         |                                                      | Debtor 1                                            |                     |                |           | Debtor 2    | 2 or non-fi              | iling spouse                |                   |
|                     | If you have more than one job, attach a separate page with information about additional employers.                                                              | Employment status                                    | <ul><li>☐ Employed</li><li>■ Not employed</li></ul> |                     |                |           | ☐ Empl      | oyed<br>mployed          |                             |                   |
|                     | Include part-time, seasonal, or self-employed work.                                                                                                             | Occupation Employer's name                           |                                                     |                     |                |           |             |                          |                             |                   |
|                     | Occupation may include student or homemaker, if it applies.                                                                                                     | Employer's address                                   |                                                     |                     |                |           |             |                          |                             |                   |
|                     |                                                                                                                                                                 | How long employed t                                  | here?                                               |                     |                |           |             |                          |                             |                   |
| Par                 | t 2: Give Details About Mo                                                                                                                                      | othly Income                                         |                                                     |                     |                |           |             |                          |                             |                   |
| <b>Esti</b><br>spou | mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have me space, attach a separate sheet to                             | ate you file this form. If                           | ,                                                   | ·                   |                | ·         | that pers   | on on the                | lines below. If             | J                 |
| 2.                  | List monthly gross wages, sala deductions). If not paid monthly,                                                                                                |                                                      |                                                     | 2.                  | \$             |           | 0.00        | non-fili<br>\$           | ng spouse                   |                   |
| 3.                  | Estimate and list monthly over                                                                                                                                  |                                                      | iy wago would be.                                   | 3.                  | +\$            |           | 0.00        | +\$                      | N/A                         |                   |
|                     | •                                                                                                                                                               |                                                      |                                                     |                     |                |           |             | _                        |                             |                   |
| 4.                  | Calculate gross Income. Add li                                                                                                                                  | ne 2 + line 3.                                       |                                                     | 4.                  | \$             |           | 0.00        | \$                       | N/A                         |                   |

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| Deb | tor 1              | James A. Nehring                                                                                                                                                                                                                                                                    | _           | Case      | number (if known) |      |                            |          |
|-----|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|-------------------|------|----------------------------|----------|
|     |                    |                                                                                                                                                                                                                                                                                     |             | For       | r Debtor 1        |      | ebtor 2 or<br>iling spouse |          |
|     | Cop                | by line 4 here                                                                                                                                                                                                                                                                      | 4.          | \$        | 0.00              | \$   | N/A                        |          |
| 5.  | List               | t all payroll deductions:                                                                                                                                                                                                                                                           |             |           |                   |      |                            |          |
|     | 5a.                | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                       | 5a.         | \$        | 0.00              | \$   | N/A                        |          |
|     | 5b.                | Mandatory contributions for retirement plans                                                                                                                                                                                                                                        | 5b.         | \$        | 0.00              | \$   | N/A                        |          |
|     | 5c.                | Voluntary contributions for retirement plans                                                                                                                                                                                                                                        | 5c.         | \$        | 0.00              | \$   | N/A                        |          |
|     | 5d.                | Required repayments of retirement fund loans                                                                                                                                                                                                                                        | 5d.         | \$_       | 0.00              | \$   | N/A                        |          |
|     | 5e.                | Insurance                                                                                                                                                                                                                                                                           | 5e.<br>5f.  | \$_<br>\$ | 0.00              | \$   | N/A                        |          |
|     | 5f.<br>5g.         | Domestic support obligations Union dues                                                                                                                                                                                                                                             | 5ī.<br>5g.  | \$<br>\$  | 0.00              | \$   | N/A<br>N/A                 |          |
|     | 5h.                | Other deductions. Specify:                                                                                                                                                                                                                                                          | 5g.<br>5h.+ |           | 0.00              | + \$ | N/A                        |          |
| 6.  |                    | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                          | — 6.        | \$<br>\$  | 0.00              | \$   | N/A                        |          |
| 7.  |                    | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                    | 7.          | Ψ –       | 0.00              | \$   | N/A                        |          |
|     |                    |                                                                                                                                                                                                                                                                                     | 7.          | Ψ _       | 0.00              | Ψ    | N/A                        |          |
| 8.  | List<br>8a.        | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                       |             |           |                   |      |                            |          |
|     |                    | monthly net income.                                                                                                                                                                                                                                                                 | 8a.         | \$        | 0.00              | \$   | N/A                        |          |
|     | 8b.                | Interest and dividends                                                                                                                                                                                                                                                              | 8b.         | \$        | 0.00              | \$   | N/A                        |          |
|     | 8c.                | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                   | t<br>8c.    | \$        | 0.00              | \$   | N/A                        |          |
|     | 8d.                |                                                                                                                                                                                                                                                                                     | 8d.         | \$-       | 0.00              | \$   | N/A                        |          |
|     | 8e.                | Social Security                                                                                                                                                                                                                                                                     | 8e.         | \$        | 0.00              | \$   | N/A                        |          |
|     | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: VA Benefits | e<br>8f.    | \$        | 133.00            | \$   | N/A                        |          |
|     | 8g.                | Pension or retirement income                                                                                                                                                                                                                                                        | 8g.         | \$        | 0.00              | \$   | N/A                        |          |
|     | 8h.                | Other monthly income. Specify: Support from Family Friend                                                                                                                                                                                                                           | 8h.+        | \$_       | 1,000.00          | + \$ | N/A                        |          |
| 9.  | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                              | 9.          | \$        | 1,133.00          | \$   | N/A                        |          |
| 10  | Cal                | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                         | 10. \$      |           | 1,133.00 + \$     |      | N/A = \$ 1                 | 1,133.00 |
|     |                    | If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                           |             |           | 1,100.00          |      |                            | 1,100.00 |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no ecify:               | ır deper    |           |                   | •    | chedule J.<br>11. +\$      | 0.00     |
| 12. |                    | If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certilies                                                                                                                       |             |           |                   |      |                            | 1,133.00 |
| 13. | Do                 | you expect an increase or decrease within the year after you file this forn<br>No.                                                                                                                                                                                                  | n?          |           |                   |      | Combine monthly            |          |
|     | _                  | Vac Funtain.                                                                                                                                                                                                                                                                        |             |           |                   |      |                            |          |

Official Form 106I Schedule I: Your Income page 2

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| Fill i              | in this information to identify                                                        | your case:                                  |                                              |                                            |                        |                                  |                                                      |          |
|---------------------|----------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|--------------------------------------------|------------------------|----------------------------------|------------------------------------------------------|----------|
| Debt                |                                                                                        |                                             |                                              |                                            | Ch                     | eck if this is:                  |                                                      |          |
| Dobt                | James A. I                                                                             | vening                                      |                                              |                                            |                        | An amended                       | l filing                                             |          |
| Debt                |                                                                                        |                                             |                                              |                                            |                        |                                  | nt showing postpetition cha                          | apter    |
| (Spo                | ouse, if filing)                                                                       |                                             |                                              |                                            |                        | 13 expenses                      | as of the following date:                            |          |
| Unite               | ed States Bankruptcy Court for the                                                     | ne: NORTH                                   | HERN DISTRICT OF ILLIN                       | OIS                                        |                        | MM / DD / Y                      | YYY                                                  |          |
|                     | e number<br>nown)                                                                      |                                             |                                              |                                            |                        |                                  |                                                      |          |
| Of                  | ficial Form 106J                                                                       |                                             |                                              |                                            |                        |                                  |                                                      |          |
| Sc                  | hedule J: Your                                                                         | Exper                                       | ises                                         |                                            |                        |                                  |                                                      | 12/15    |
| Be a<br>info<br>num | as complete and accurate<br>ormation. If more space is<br>onber (if known). Answer ev  | as possible<br>needed, atta<br>very questio | . If two married people an                   | e filing together, b<br>form. On the top o | oth are e<br>f any add | qually respons<br>itional pages, | sible for supplying corre<br>write your name and cas | ct<br>se |
| Part<br>1.          | Describe Your Hou Is this a joint case?                                                | senoia                                      |                                              |                                            |                        |                                  |                                                      |          |
|                     | ■ No. Go to line 2. □ Yes. <b>Does Debtor 2 liv</b>                                    | e in a separ                                | rate household?                              |                                            |                        |                                  |                                                      |          |
|                     | □ No                                                                                   | •                                           | ial Form 106J-2, <i>Expenses</i>             | s for Separate House                       | e <i>hold</i> of D     | ebtor 2.                         |                                                      |          |
| 2.                  | Do you have dependents                                                                 | ? ■ No                                      |                                              |                                            |                        |                                  |                                                      |          |
|                     | Do not list Debtor 1 and Debtor 2.                                                     | ☐ Yes.                                      | Fill out this information for each dependent | Dependent's relation                       |                        | Depender<br>age                  | Does dependent live with you?                        |          |
|                     | Do not state the                                                                       |                                             |                                              |                                            |                        |                                  | □ No                                                 |          |
|                     | dependents names.                                                                      |                                             |                                              |                                            |                        |                                  | ☐ Yes                                                |          |
|                     |                                                                                        |                                             |                                              |                                            |                        |                                  | □ No                                                 |          |
|                     |                                                                                        |                                             |                                              |                                            |                        |                                  | Pes                                                  |          |
|                     |                                                                                        |                                             |                                              |                                            |                        |                                  | □ No                                                 |          |
|                     |                                                                                        |                                             |                                              |                                            |                        | <del></del>                      | Pyes                                                 |          |
|                     |                                                                                        |                                             |                                              |                                            |                        |                                  | □ No                                                 |          |
| 3.                  | Do your expenses includ                                                                | е 🔳                                         | No                                           |                                            |                        |                                  | Pes                                                  |          |
|                     | expenses of people other yourself and your depend                                      | r than                                      | Yes                                          |                                            |                        |                                  |                                                      |          |
| exp                 | Estimate Your Ong imate your expenses as of enses as of a date after the licable date. | your bankr                                  | uptcy filing date unless y                   |                                            |                        |                                  |                                                      |          |
| the                 | ude expenses paid for wit<br>value of such assistance a<br>icial Form 106l.)           |                                             |                                              |                                            |                        | You                              | ır expenses                                          |          |
| •                   | ,                                                                                      |                                             |                                              |                                            | _                      |                                  |                                                      |          |
| 4.                  | The rental or home owne payments and any rent for                                      |                                             |                                              | nclude first mortgag                       | e<br>4.                | \$                               | 850.00                                               |          |
|                     | If not included in line 4:                                                             |                                             |                                              |                                            |                        |                                  |                                                      |          |
|                     | 4a. Real estate taxes                                                                  |                                             |                                              |                                            | 4a.                    | \$                               | 0.00                                                 |          |
|                     | 4b. Property, homeowne                                                                 | er's, or rente                              | r's insurance                                |                                            | 4a.<br>4b.             | ·                                | 0.00                                                 |          |
|                     | 4c. Home maintenance,                                                                  |                                             |                                              |                                            | 4c.                    | ·                                | 0.00                                                 |          |
|                     | 4d. Homeowner's assoc                                                                  |                                             |                                              |                                            | 4d.                    | \$                               | 0.00                                                 |          |
| 5                   | Additional mortgage navi                                                               | monte for w                                 | our recidence, queb es be                    | ma aquity laana                            | 5                      | Φ                                | 0.00                                                 |          |

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| Debtor 1 James A. No                | ehring                                                                 | Case num             | ber (if known)       |                       |
|-------------------------------------|------------------------------------------------------------------------|----------------------|----------------------|-----------------------|
| . Utilities:                        |                                                                        |                      |                      |                       |
| 6a. Electricity, hea                | at natural das                                                         | 6a.                  | \$                   | 160.00                |
| •                                   | garbage collection                                                     | 6b.                  | :                    | 0.00                  |
|                                     | ell phone, Internet, satellite, and cable services                     | 6c.                  | ·                    |                       |
| •                                   | •                                                                      |                      | · -                  | 50.00                 |
| 6d. Other. Specify                  |                                                                        | 6d.                  |                      | 0.00                  |
| Food and housekee                   |                                                                        | 7.                   | · ·                  | 200.00                |
| Childcare and child                 | dren's education costs                                                 | 8.                   |                      | 0.00                  |
| Clothing, laundry, a                | and dry cleaning                                                       | 9.                   | \$                   | 40.00                 |
| . Personal care prod                | ucts and services                                                      | 10.                  | \$                   | 35.00                 |
| . Medical and dental                | expenses                                                               | 11.                  | \$                   | 0.00                  |
|                                     | lude gas, maintenance, bus or train fare.                              | 12.                  | ·                    | 0.00                  |
| Do not include car pa               |                                                                        |                      | ·                    |                       |
|                                     | bs, recreation, newspapers, magazines, and books                       | 13.                  |                      | 0.00                  |
|                                     | itions and religious donations                                         | 14.                  | \$                   | 0.00                  |
| Insurance.                          |                                                                        |                      |                      |                       |
|                                     | ance deducted from your pay or included in lines 4 or 20.              | . =                  | •                    | <b>-</b>              |
| 15a. Life insurance                 |                                                                        | 15a.                 |                      | 0.00                  |
| 15b. Health insurar                 | ice                                                                    | 15b.                 | \$                   | 0.00                  |
| 15c. Vehicle insura                 | ince                                                                   | 15c.                 | \$                   | 0.00                  |
| 15d. Other insurance                | ce. Specify:                                                           | 15d.                 | \$                   | 0.00                  |
|                                     | de taxes deducted from your pay or included in lines 4 or 2            | 20.                  |                      |                       |
| Specify:                            | , , ,                                                                  | 16.                  | \$                   | 0.00                  |
| . Installment or lease              |                                                                        |                      | _                    |                       |
| <ol><li>17a. Car payments</li></ol> |                                                                        | 17a.                 | · ·                  | 0.00                  |
| <ol><li>17b. Car payments</li></ol> | for Vehicle 2                                                          | 17b.                 | \$                   | 0.00                  |
| 17c. Other. Specify                 | <i>r</i> :                                                             | 17c.                 | \$                   | 0.00                  |
| 17d. Other. Specify                 |                                                                        | 17d.                 | \$                   | 0.00                  |
| . Your payments of a                | alimony, maintenance, and support that you did not re                  |                      | •                    | 0.00                  |
|                                     | r pay on line 5, Schedule I, Your Income (Official Form                | 1 <b>06I).</b> 18.   |                      |                       |
|                                     | u make to support others who do not live with you.                     |                      | \$                   | 0.00                  |
| Specify:                            |                                                                        | 19.                  |                      |                       |
|                                     | expenses not included in lines 4 or 5 of this form or o                |                      |                      |                       |
| 20a. Mortgages on                   | other property                                                         | 20a.                 | \$                   | 0.00                  |
| 20b. Real estate ta                 | xes                                                                    | 20b.                 | \$                   | 0.00                  |
| 20c. Property, hom                  | eowner's, or renter's insurance                                        | 20c.                 | \$                   | 0.00                  |
| 20d. Maintenance,                   | repair, and upkeep expenses                                            | 20d.                 | \$                   | 0.00                  |
| ·                                   | association or condominium dues                                        | 20e.                 | \$                   | 0.00                  |
| . Other: Specify: C                 |                                                                        |                      | +\$                  | 70.00                 |
|                                     | -                                                                      |                      | ι ψ                  | 10.00                 |
| 2. Calculate your mon               |                                                                        |                      |                      |                       |
| 22a. Add lines 4 thro               | S .                                                                    |                      | \$                   | 1,405.00              |
| 22b. Copy line 22 (m                | nonthly expenses for Debtor 2), if any, from Official Form 1           | 06J-2                | \$                   |                       |
|                                     | nd 22b. The result is your monthly expenses.                           |                      | \$                   | 1,405.00              |
|                                     |                                                                        |                      |                      | 1,700.00              |
| S. Calculate your mon               | •                                                                      |                      | •                    |                       |
| . , , , , ,                         | your combined monthly income) from Schedule I.                         | 23a.                 | ·                    | 1,133.00              |
| 23b. Copy your mo                   | nthly expenses from line 22c above.                                    | 23b.                 | -\$                  | 1,405.00              |
| 220 Cubtrast varia                  | monthly expenses from your monthly income                              |                      |                      |                       |
|                                     | monthly expenses from your monthly income. your monthly net income.    | 23c.                 | \$                   | -272.00               |
| THE TOSULT IS Y                     | out monary not moonlo.                                                 |                      |                      |                       |
|                                     | ncrease or decrease in your expenses within the year                   |                      |                      |                       |
|                                     | pect to finish paying for your car loan within the year or do you expe | ect your mortgage pa | ayment to increase o | r decrease because of |
| modification to the terms           | s or your mongage?                                                     |                      |                      |                       |
| ■ No.                               |                                                                        |                      |                      |                       |
| ☐ Yes. Ex                           | plain here:                                                            |                      |                      |                       |

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| Fill in this infor              | mation to identify your         | case:                      |                             |                         |                                  |
|---------------------------------|---------------------------------|----------------------------|-----------------------------|-------------------------|----------------------------------|
| Debtor 1                        | James A. Nehring                | 7                          |                             |                         |                                  |
|                                 | First Name                      | Middle Name                | Last Name                   |                         |                                  |
| Debtor 2<br>(Spouse if, filing) | First Name                      | Middle Name                | Last Name                   |                         |                                  |
| ,,                              |                                 |                            |                             |                         |                                  |
| United States Ba                | ankruptcy Court for the:        | NORTHERN DISTRICT          | OF ILLINOIS                 |                         |                                  |
| Case number                     |                                 |                            |                             |                         |                                  |
| (if known)                      |                                 |                            |                             |                         | ☐ Check if this is an            |
|                                 |                                 |                            |                             |                         | amended filing                   |
|                                 |                                 |                            |                             |                         |                                  |
| Official Forr                   | m 106Doc                        |                            |                             |                         |                                  |
|                                 |                                 | and the although decided   | Dalataria Oal               |                         |                                  |
| Declarat                        | tion About a                    | ın Individual              | Deptor's Scr                | nedules                 | 12/15                            |
|                                 |                                 |                            |                             |                         |                                  |
| ir two married po               | eopie are ming togethe          | r, both are equally respon | nsible for supplying corr   | ect information.        |                                  |
| You must file thi               | is form whenever you f          | ile bankruptcy schedules   | or amended schedules        | Making a false statem   | ent, concealing property, or     |
|                                 |                                 |                            |                             |                         | or imprisonment for up to 20     |
|                                 | 8 U.S.C. §§ 152, 1341, 1        |                            |                             | •                       | ·                                |
|                                 |                                 |                            |                             |                         |                                  |
| Sign                            | n Polow                         |                            |                             |                         |                                  |
| Sig                             | n Below                         |                            |                             |                         |                                  |
| Did you na                      | y or agree to pay some          | one who is NOT an attor    | nev to help you fill out ba | ankruptcy forms?        |                                  |
| Dia you pu                      | ly or agree to pay come         |                            | noy to note you im out be   | anniaptoy ronnio        |                                  |
| ■ No                            |                                 |                            |                             |                         |                                  |
| □ Yes. I                        | Name of person                  |                            |                             | Attach Bankru           | ptcy Petition Preparer's Notice, |
|                                 |                                 |                            |                             |                         | nd Signature (Official Form 119) |
|                                 |                                 |                            |                             |                         |                                  |
| Under nens                      | alty of periury I declare       | that I have read the sum   | mary and schedules filed    | d with this declaration | and                              |
|                                 | e true and correct.             | that I have read the Sum   | mary and schedules med      | a with this deciaration | and                              |
| V /-/ l                         | A Nahadaa                       |                            | V                           |                         |                                  |
|                                 | nes A. Nehring                  |                            | XSignature of D             | Ophtor 2                |                                  |
|                                 | s A. Nehring<br>are of Debtor 1 |                            | Signature of L              | JODIUI Z                |                                  |
| 2.51100                         |                                 |                            |                             |                         |                                  |
| Date _                          | June 28, 2016                   |                            | Date                        |                         |                                  |

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|      | l in this infor    | mation to identify you                                                                       | r case:                         |                                  |                                |                         |  |  |
|------|--------------------|----------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|--------------------------------|-------------------------|--|--|
| De   | btor 1             | James A. Nehrir                                                                              |                                 | Lost Nome                        |                                |                         |  |  |
| De   | btor 2             | FIRST Name                                                                                   | Middle Name                     | Last Name                        |                                |                         |  |  |
|      | ouse if, filing)   | First Name                                                                                   | Middle Name                     | Last Name                        |                                |                         |  |  |
| Un   | ited States Ba     | ankruptcy Court for the:                                                                     | NORTHERN DISTRICT               | OF ILLINOIS                      |                                |                         |  |  |
| C-   | aa numbar          |                                                                                              |                                 |                                  |                                |                         |  |  |
|      | se number<br>nown) |                                                                                              |                                 |                                  |                                | Check if this is an     |  |  |
|      |                    |                                                                                              |                                 |                                  |                                | amended filing          |  |  |
|      |                    |                                                                                              |                                 |                                  |                                |                         |  |  |
| Of   | fficial Fo         | rm 107                                                                                       |                                 |                                  |                                |                         |  |  |
| St   | atement            | of Financial                                                                                 | Affairs for Individ             | duals Filing for B               | ankruptcy                      | 4/10                    |  |  |
| Be   | as complete a      | and accurate as possi                                                                        | ible. If two married people     | are filing together, both are    | e equally responsible for si   | upplying correct        |  |  |
| info | ormation. If n     | nore space is needed,                                                                        | , attach a separate sheet to    |                                  |                                |                         |  |  |
| nun  | nber (if know      | n). Answer every que                                                                         | stion.                          |                                  |                                |                         |  |  |
| Pa   | rt 1: Give I       | Details About Your Ma                                                                        | arital Status and Where You     | u Lived Before                   |                                |                         |  |  |
| 1.   | What is you        | r current marital statu                                                                      | ıs?                             |                                  |                                |                         |  |  |
|      | ☐ Married          |                                                                                              |                                 |                                  |                                |                         |  |  |
|      | ■ Not ma           |                                                                                              |                                 |                                  |                                |                         |  |  |
|      | - Notina           | mea                                                                                          |                                 |                                  |                                |                         |  |  |
| 2.   | During the I       | ast 3 years, have you                                                                        | lived anywhere other than       | where you live now?              |                                |                         |  |  |
|      | ■ No               |                                                                                              |                                 |                                  |                                |                         |  |  |
|      | ☐ Yes. Lis         | es. List all of the places you lived in the last 3 years. Do not include where you live now. |                                 |                                  |                                |                         |  |  |
|      | Debtor 1 P         | tor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Addres                                    |                                 | ldress:                          | Dates Debtor 2                 |                         |  |  |
|      | 200.0. 111         |                                                                                              | lived there                     | 202101 21 1101 710               |                                | lived there             |  |  |
| 3.   | Within the I       | ast 8 years, did you e                                                                       | ver live with a spouse or le    | gal equivalent in a commu        | nity property state or territe | orv? (Community propert |  |  |
| stat |                    |                                                                                              | alifornia, Idaho, Louisiana, Ne |                                  |                                |                         |  |  |
|      | ■ No               |                                                                                              |                                 |                                  |                                |                         |  |  |
|      | _                  | ake sure vou fill out Sc                                                                     | hedule H: Your Codebtors (C     | Official Form 106H).             |                                |                         |  |  |
|      |                    | and care you im out co.                                                                      |                                 |                                  |                                |                         |  |  |
| Pa   | rt 2 Expla         | in the Sources of You                                                                        | r Income                        |                                  |                                |                         |  |  |
| 4.   | Did you hav        | yo any incomo from or                                                                        | nployment or from operatir      | na a businoss durina this v      | oar or the two provious ca     | londar voare?           |  |  |
| 4.   | Fill in the tot    | al amount of income yo                                                                       | ou received from all jobs and   | all businesses, including par    | t-time activities.             | ieriuai years:          |  |  |
|      | If you are fili    | ng a joint case and you                                                                      | have income that you receive    | ve together, list it only once u | nder Debtor 1.                 |                         |  |  |
|      | ■ No               |                                                                                              |                                 |                                  |                                |                         |  |  |
|      | _                  | Il in the details.                                                                           |                                 |                                  |                                |                         |  |  |
|      |                    |                                                                                              | Debtor 1                        |                                  | Dobtor 2                       |                         |  |  |
|      |                    |                                                                                              | Sources of income               | Gross income                     | Debtor 2<br>Sources of income  | Gross income            |  |  |
|      |                    |                                                                                              | Check all that apply.           | (before deductions and           | Check all that apply.          | (before deductions      |  |  |
|      |                    |                                                                                              | 11.7                            | exclusions)                      | 11,7                           | and exclusions)         |  |  |
|      |                    |                                                                                              |                                 |                                  |                                |                         |  |  |

Case 16-20966 Doc 1 Filed 06/28/16 Entered 06/28/16 15:19:21 Document Page 31 of 48 Case number (if known) Debtor 1 James A. Nehring Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. (before deductions each source Describe below. (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?  $\square$  No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No ☐ Yes. List all payments to an insider. Amount you **Insider's Name and Address Dates of payment** Reason for this payment **Total amount** paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

\_ \

☐ Yes. List all payments to an insider

Include payments on debts guaranteed or cosigned by an insider.

Insider's Name and Address

Dates of payment

Total amount
paid

Amount you
still owe
Reason for this payment
Include creditor's name

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Document Page 32 of 48 Debtor 1 James A. Nehring Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number Donald G. Seiler v. James Nehring Clerk of the Circuit Court Breach of □ Pending 2009M5000920 Richard Daley Center, Contract □ On appeal **Room 1005** Concluded 50 W. Washington Street Chicago, IL 60602 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the Describe the Property Date property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount taken Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person

Address:

more than \$600

Charity's Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

Describe what you contributed

Value

Dates you

contributed

Person to Whom You Gave the Gift and

Gifts or contributions to charities that total

Address (Number, Street, City, State and ZIP Code)

Yes. Fill in the details for each gift or contribution.

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Debtor 1 James A. Nehring Case number (if known) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Frankfort Law Group **Attorney Fees** 05/09/2016 \$400.00 10075 West Lincoln Highway Frankfort, IL 60423 twt@jtlawllc.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of **Date payment** transferred Address or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** 

made

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Debtor 1 James A. Nehring

Part 8: List of Certain Financial Accounts Instruments Safe Denosit Boxes and Storage Units

| Fai                                                                                                                                                                                                       | List of Certain Financial Accounts, in                                                                                                                                                                                                                                                                                                                                                              | istruments, sale Deposi                                                                                                 | t boxes, and sid                                                                        | orage Offics                                               |                                               |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|--|--|
| 20.                                                                                                                                                                                                       | Vithin 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, old, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage ouses, pension funds, cooperatives, associations, and other financial institutions. |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)                                                                                                                                                                                                                                                                                                          | Last 4 digits of account number                                                                                         | Type of accourtinstrument                                                               | nt or Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |
|                                                                                                                                                                                                           | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                 |                                                                                                                         | Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  Descrit |                                                            | Do you still have it?                         |  |  |
| 22.                                                                                                                                                                                                       | Have you stored property in a storage unit                                                                                                                                                                                                                                                                                                                                                          | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                         | to it?                                                                                                                  | Address (Number, Street, City,                                                          |                                                            | Do you still have it?                         |  |  |
| Part 9: Identify Property You Hold or Control for Someone Else  23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                         |                                                            | oring for, or hold in trust                   |  |  |
|                                                                                                                                                                                                           | for someone.  No                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | ☐ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                  | Where is the prop<br>(Number, Street, City, S<br>Code)                                                                  |                                                                                         | Describe the property                                      | Value                                         |  |  |
| Par                                                                                                                                                                                                       | t 10: Give Details About Environmental In                                                                                                                                                                                                                                                                                                                                                           | formation                                                                                                               |                                                                                         |                                                            |                                               |  |  |
| For                                                                                                                                                                                                       | the purpose of Part 10, the following definit                                                                                                                                                                                                                                                                                                                                                       | ions apply:                                                                                                             |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.                                           |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                         |                                                            | perate, or utilize it or used                 |  |  |
|                                                                                                                                                                                                           | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.                                                                                                                                                                                                             |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
| •                                                                                                                                                                                                         | ort all notices, releases, and proceedings th                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                         | •                                                          |                                               |  |  |
| 24.                                                                                                                                                                                                       | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                         |                                                            |                                               |  |  |
|                                                                                                                                                                                                           | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                  | Governmental un<br>Address (Number, S<br>ZIP Code)                                                                      |                                                                                         | Environmental law, if you know it                          | u Date of notice                              |  |  |

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| 25.                                                                                                                                                              | Have you notified any governmental unit of a                                                                                                                                                 | any release of hazardous material?                                         |                                        |                    |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|--------------------|--|--|--|
|                                                                                                                                                                  | ■ No                                                                                                                                                                                         |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | □ Yes. Fill in the details.                                                                                                                                                                  |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                           | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it      | Date of notice     |  |  |  |
| 26.                                                                                                                                                              |                                                                                                                                                                                              |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | ■ No<br>□ Yes. Fill in the details.                                                                                                                                                          |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | Case Title Case Number                                                                                                                                                                       | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                     | Status of the case |  |  |  |
| Par                                                                                                                                                              | 11: Give Details About Your Business or C                                                                                                                                                    | Connections to Any Business                                                |                                        |                    |  |  |  |
| 27.                                                                                                                                                              | Within 4 years before you filed for bankrupto                                                                                                                                                | cv. did vou own a business or have an                                      | v of the following connections to an   | v business?        |  |  |  |
|                                                                                                                                                                  | ☐ A sole proprietor or self-employed in                                                                                                                                                      |                                                                            |                                        | ,                  |  |  |  |
|                                                                                                                                                                  | ☐ A member of a limited liability compa                                                                                                                                                      | any (LLC) or limited liability partnershi                                  | ip (LLP)                               |                    |  |  |  |
|                                                                                                                                                                  | ☐ A partner in a partnership                                                                                                                                                                 |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | ☐ An officer, director, or managing executive of a corporation                                                                                                                               |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | ☐ An owner of at least 5% of the voting or equity securities of a corporation                                                                                                                |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | _                                                                                                                                                                                            |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | No. None of the above applies. Go to Part 12.                                                                                                                                                |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | Yes. Check all that apply above and fill in the details below for each business.  Business Name  Describe the nature of the business  Employer Identification number                         |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | Address                                                                                                                                                                                      |                                                                            | number or ITIN.                        |                    |  |  |  |
|                                                                                                                                                                  | (Number, Street, Sity, State and 211 Sode)                                                                                                                                                   | Name of accountant or bookkeeper                                           |                                        |                    |  |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? institutions, creditors, or other parties. |                                                                                                                                                                                              |                                                                            | o anyone about your business? Incl     | ude all financial  |  |  |  |
|                                                                                                                                                                  | ■ No                                                                                                                                                                                         |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | Yes. Fill in the details below.                                                                                                                                                              |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | Name<br>Address                                                                                                                                                                              | Date Issued                                                                |                                        |                    |  |  |  |
|                                                                                                                                                                  | (Number, Street, City, State and ZIP Code)                                                                                                                                                   |                                                                            |                                        |                    |  |  |  |
| Par                                                                                                                                                              | 12: Sign Below                                                                                                                                                                               |                                                                            |                                        |                    |  |  |  |
| are t                                                                                                                                                            | e read the answers on this <i>Statement of Fina</i><br>rue and correct. I understand that making a f<br>a bankruptcy case can result in fines up to \$<br>S.C. §§ 152, 1341, 1519, and 3571. | alse statement, concealing property,                                       | or obtaining money or property by fr   |                    |  |  |  |
|                                                                                                                                                                  | lames A. Nehring                                                                                                                                                                             |                                                                            |                                        |                    |  |  |  |
|                                                                                                                                                                  | nes A. Nehring<br>nature of Debtor 1                                                                                                                                                         | Signature of Debtor 2                                                      |                                        |                    |  |  |  |
| Dat                                                                                                                                                              | June 28, 2016                                                                                                                                                                                | Date                                                                       |                                        |                    |  |  |  |
|                                                                                                                                                                  | ou attach additional pages to Your Statemen                                                                                                                                                  | nt of Financial Affairs for Individuals F                                  | Filing for Bankruptcy (Official Form 1 | 07)?               |  |  |  |
| ■ N                                                                                                                                                              |                                                                                                                                                                                              |                                                                            |                                        |                    |  |  |  |
| Did :                                                                                                                                                            | ou pay or agree to pay someone who is not                                                                                                                                                    | an attorney to help you fill out bankru                                    | ptcy forms?                            |                    |  |  |  |
|                                                                                                                                                                  | es. Name of Person Attach the <i>Bankrup</i>                                                                                                                                                 | otcy Petition Preparer's Notice, Declaration                               | on, and Signature (Official Form 119). |                    |  |  |  |
|                                                                                                                                                                  | Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page                                                                                                  |                                                                            |                                        |                    |  |  |  |

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Debtor 1 James A. Nehring

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| Fill in this inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nation to identify your          | case:              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |  |
| Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | James A. Nehring                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | First Name                       | Middle Name        | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |  |
| Debtor 2<br>(Spouse if, filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | First Name                       | Middle Name        | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |  |
| United States Ban                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | kruptcy Court for the:           | NORTHERN DIST      | TRICT OF ILLINOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |  |
| Case number(if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Check if this is an amended filing                     |  |
| Official For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |  |
| <u>Statemen</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t of Intentio                    | <u>n for Indiv</u> | <u>riduals Filing Under Chap</u> t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ter 7 12/15                                            |  |
| If you are an individual filing under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or  you have leased personal property and the lease has not expired.  You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part 1: List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |  |
| information bel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ow.<br>ditor and the property th | nat is collateral  | What do you intend to do with the property th secures a debt?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | at Did you claim the property as exempt on Schedule C? |  |
| Creditor's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                               |  |
| name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                    | <ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | □ No                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                    | ☐ Retain the property and enter into a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Yes                                                  |  |
| Description of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    | Reaffirmation Agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |  |
| property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    | ☐ Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |  |
| securing debt:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |  |
| Creditor's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                    | ☐ Surrender the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ No                                                   |  |
| name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                    | ☐ Retain the property and redeem it.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | □ 140                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                    | ☐ Retain the property and redeem into a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Yes                                                  |  |
| Description of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    | Reaffirmation Agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |  |
| property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    | ☐ Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |  |
| securing debt:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |  |
| Creditor's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                    | По 1 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |  |
| name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                    | ☐ Surrender the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ No                                                   |  |
| Haille.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                    | <ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ☐ Yes                                                  |  |
| Description of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    | Reaffirmation Agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |  |
| property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                    | ☐ Retain the property and [explain]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |  |
| securing debt:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                    | The state of the s |                                                        |  |

Official Form 108

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

 $\square$  Surrender the property.

☐ No

## Case 16-20966 Doc 1 Filed 06/28/16 Entered 06/28/16 15:19:21 Desc Main Document Page 38 of 48

| Debtor 1 James A. Nehring |                                                                                | Case number (if ki                                                                                                                                                                    | Case number (if known)                 |  |  |
|---------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|--|
| name:<br>Descri           | ption of                                                                       | <ul><li>Retain the property and redeem it.</li><li>Retain the property and enter into a Reaffirmation Agreement.</li></ul>                                                            | ☐ Yes                                  |  |  |
| proper                    |                                                                                | ☐ Retain the property and [explain]:                                                                                                                                                  |                                        |  |  |
| securir                   | ng debt:                                                                       |                                                                                                                                                                                       |                                        |  |  |
| Part 2:                   | List Your Unexpired Personal Prope                                             | erty Leases                                                                                                                                                                           |                                        |  |  |
| n the info                | ormation below. Do not list real estat                                         | at you listed in Schedule G: Executory Contracts and Unexte leases. Unexpired leases are leases that are still in effecterty lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |  |  |
| Describe                  | your unexpired personal property le                                            | eases                                                                                                                                                                                 | Will the lease be assumed?             |  |  |
| Lessor's                  | name:                                                                          |                                                                                                                                                                                       | □ No                                   |  |  |
|                           | on of leased                                                                   |                                                                                                                                                                                       |                                        |  |  |
| Property:                 |                                                                                |                                                                                                                                                                                       | ☐ Yes                                  |  |  |
| Lessor's                  | name:                                                                          |                                                                                                                                                                                       | □ No                                   |  |  |
|                           | on of leased                                                                   |                                                                                                                                                                                       |                                        |  |  |
| Property:                 |                                                                                |                                                                                                                                                                                       | ☐ Yes                                  |  |  |
| Lessor's                  | name:                                                                          |                                                                                                                                                                                       | □ No                                   |  |  |
|                           | on of leased                                                                   |                                                                                                                                                                                       | _                                      |  |  |
| Property:                 |                                                                                |                                                                                                                                                                                       | ☐ Yes                                  |  |  |
| Lessor's                  |                                                                                |                                                                                                                                                                                       | □ No                                   |  |  |
| Description Property:     | on of leased                                                                   |                                                                                                                                                                                       |                                        |  |  |
| т торсту.                 |                                                                                |                                                                                                                                                                                       | ☐ Yes                                  |  |  |
| Lessor's                  |                                                                                |                                                                                                                                                                                       | □ No                                   |  |  |
| Property:                 | on of leased                                                                   |                                                                                                                                                                                       | ☐ Yes                                  |  |  |
| Lessor's                  | nama:                                                                          |                                                                                                                                                                                       |                                        |  |  |
|                           | on of leased                                                                   |                                                                                                                                                                                       | □ No                                   |  |  |
| Property:                 |                                                                                |                                                                                                                                                                                       | ☐ Yes                                  |  |  |
| Lessor's                  |                                                                                |                                                                                                                                                                                       | □ No                                   |  |  |
| Property:                 | on of leased                                                                   |                                                                                                                                                                                       | ☐ Yes                                  |  |  |
| Part 3:                   | Sign Below                                                                     |                                                                                                                                                                                       |                                        |  |  |
|                           | nalty of perjury, I declare that I have that is subject to an unexpired lease. | indicated my intention about any property of my estate that.                                                                                                                          | at secures a debt and any personal     |  |  |
| χ /s/ .                   | James A. Nehring                                                               | x                                                                                                                                                                                     |                                        |  |  |
|                           | nes A. Nehring<br>nature of Debtor 1                                           | Signature of Debtor 2                                                                                                                                                                 |                                        |  |  |
| ·                         |                                                                                | Date                                                                                                                                                                                  |                                        |  |  |
| Date                      | June 28, 2016                                                                  | Date                                                                                                                                                                                  |                                        |  |  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing tee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-20966 Doc 1 Filed 06/28/16 Entered 06/28/16 15:19:21 Desc Main Document Page 43 of 48

B2030 (Form 2030) (12/15)

#### **United States Bankruptcy Court** Northern District of Illinois

| In re       | James A. Nehring                                                                                                                                                                                                                                      |                                                                                                                       | Case No.                                      |                        |                |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------|----------------|
|             | -                                                                                                                                                                                                                                                     | Debtor(s)                                                                                                             | Chapter                                       | 7                      |                |
|             | DISCLOSURE OF COMPEN                                                                                                                                                                                                                                  | SATION OF ATTO                                                                                                        | RNEY FOR DE                                   | BTOR(S)                |                |
| c           | cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(to ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of                                                                          | of the petition in bankruptcy                                                                                         | , or agreed to be paid                        | to me, for services re |                |
|             | For legal services, I have agreed to accept                                                                                                                                                                                                           |                                                                                                                       | \$                                            | 400.00                 |                |
|             | Prior to the filing of this statement I have received                                                                                                                                                                                                 |                                                                                                                       |                                               | 400.00                 |                |
|             | Balance Due                                                                                                                                                                                                                                           |                                                                                                                       | \$                                            | 0.00                   |                |
| 2. T        | he source of the compensation paid to me was:                                                                                                                                                                                                         |                                                                                                                       |                                               |                        |                |
|             | ■ Debtor □ Other (specify):                                                                                                                                                                                                                           |                                                                                                                       |                                               |                        |                |
| 3. T        | The source of compensation to be paid to me is:                                                                                                                                                                                                       |                                                                                                                       |                                               |                        |                |
|             | ■ Debtor □ Other (specify):                                                                                                                                                                                                                           |                                                                                                                       |                                               |                        |                |
| 4. <b>I</b> | I have not agreed to share the above-disclosed competer                                                                                                                                                                                               | nsation with any other person                                                                                         | unless they are memb                          | ers and associates of  | f my law firm. |
| [           | ☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name                                                                                                                                       |                                                                                                                       |                                               |                        | aw firm. A     |
| 5. I        | n return for the above-disclosed fee, I have agreed to ren                                                                                                                                                                                            | der legal service for all aspec                                                                                       | ts of the bankruptcy ca                       | ase, including:        |                |
| b<br>c      | <ul> <li>Analysis of the debtor's financial situation, and render</li> <li>Preparation and filing of any petition, schedules, state</li> <li>Representation of the debtor at the meeting of creditor</li> <li>[Other provisions as needed]</li> </ul> | ment of affairs and plan which                                                                                        | n may be required;                            |                        | ruptcy;        |
| 6. E        | By agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any adverget or extude debts from discharge.                                                                                                             |                                                                                                                       |                                               | rmine dischargea       | ability of a   |
|             |                                                                                                                                                                                                                                                       | CERTIFICATION                                                                                                         |                                               |                        |                |
|             | certify that the foregoing is a complete statement of any ankruptcy proceeding.                                                                                                                                                                       | agreement or arrangement for                                                                                          | payment to me for re                          | presentation of the d  | ebtor(s) in    |
| Ju          | ıne 28, 2016                                                                                                                                                                                                                                          | /s/ Thomas W. To                                                                                                      | oolis                                         |                        |                |
| Do          | ıte                                                                                                                                                                                                                                                   | Thomas W. Tooli<br>Signature of Attorn<br>Frankfort Law Gi<br>10075 West Linc<br>Frankfort, IL 604<br>708-349-9333 Fa | roup<br>oln Highway<br>23<br>ax: 708-349-8333 |                        |                |
|             |                                                                                                                                                                                                                                                       | twt@jtlawllc.com  Name of law firm                                                                                    | 1                                             |                        |                |

# Frankfort Law Group

ATTORNEYS AT LAW

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Anna Stanley Kahriman, Esq.

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\*Also admitted in Florida

RETAINER AGREEMENT – SET FEE

## CHAPTER 7 BANKRUPTCY

The client hereby agrees to retain and employ the Frankfort Law Group as his/her attorneys to represent him/her in connection with the filing of a Chapter 7 Bankruptcy

The client agrees to pay Frankfort Law Group the following fees for services in this matter:

- 1. Compensation: The set fee is as follows:
  - a. The client agrees to pay Frankfort Law Group for services under this Agreement in the flat fee of \$1,600.00 as Attorney's Fees; and Art of Sarter
  - b. The client agrees to pay in addition to attorney's fees, the filing fee in the amount of \$335.00, the credit report fees of (33.00 or 53.00).
- 2. <u>Scope of Services:</u> The Client hereby retains and employs Frankfort Law Group to represent the Client in all matters customarily associated with a Chapter 7 Bankruptcy, including but not limited to advice regarding preparation and filing of all necessary petitions and schedules, appearance at creditors' meeting and negotiation and preparation of reaffirmation agreements.
- 3. The client agrees that if any creditor files any adversary proceeding, including but not limited to a motion to modify the automatic stay to collect a debt; objects to the discharge ability of any debt or attempts to prevent the client from obtaining a discharge, the client will be billed \$300.00 per hour for attorneys' court and non-court time / \$250.00 per hour for non-attorney staff/paralegal time if unanticipated services are required. Any action to enforce the automatic stay, Fair Debt Collection Act or similar action will be billed \$350.00 per hour for attorney's court and non-court time.
- 4. Client further agrees and understands that he/she shall keep their attorney advised of their whereabouts, current telephone number and other such information at all times, and to cooperate with their attorney in these proceedings.
- 5. Client further agrees and understands that their attorney retains the right to withdraw if client is in violation of any part of this agreement.
- 6. Client further agrees and understands that if they are in violation of this agreement, or if their attorney ceases to represent them, no part of the retainer or other fees shall be refunded. Only unused costs advanced, if any, shall be refunded to the client.
- 7. Client further agrees and understands that no promise of any kind regarding the outcome of this bankruptcy proceeding has been made to them and that they expect and understand that their attorney may approach this matter however in his judgment he deems best.
- 8. An administrative fee of \$100.00 will be charged per schedule for any amendment to any pleadings. Accordingly, it is of utmost importance that you review your pleadings before signing them to verify that there are no errors, that all dollar amounts are correct and that all your creditors are listed.

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- 9. Client further agrees to pay an additional fee of \$300.00 for each reaffirmation agreement accepted by the debtor and entered in the bankruptcy proceeding. However, the new law will only allow a reaffirmation to be approved if you show that you can afford the payment. If you remain current on the debt without reaffirming, I do not think the creditor will repossess the property, however, I cannot guarantee your retention of the property. It is my advice that you should not reaffirm on any property. Especially if you owe more that it is worth. If you still wish to reaffirm against my advice, please contact the creditor to get a reaffirmation agreement and send my office a letter explaining why you need to reaffirm the debt with a money order payable to Frankfort Law Group. Once we have received the documentation and payment, I will file the reaffirmation agreement and schedule a court hearing. You will need to be present in court to explain to the judge why you want to reaffirm the property.
- 10. Any continued hearing will result in a \$150.00 fee to be paid prior to the continued date.
- 11. I hereby authorize Frankfort Law Group, or an employee thereof, to order my credit report for the purpose of completing my bankruptcy petition.
- 12. I understand that I may forfeit my entire tax return or a portion thereof to the Chapter 7 Trustee.
- I understand that I am required to complete a personal financial management class prior to my court appearance. If I fail to provide the Office of Frankfort Law Group with my credit counseling course and my case is closed without discharge, I understand that I will be required to pay a fee of \$600.00 to re-open my case and file the second counseling class certificate.
- 14. I have been advised that any credit card charges or other debt I have incurred in the 75 days prior to the tiling of my case are not dischargeable.
- 15. If you wish to retain your automobile, a Chapter 7 will not prevent the repossession of your vehicle. You must be current within 30 days of the filing of your case.
- 16. I have listed all retirement accounts owned by me or my spouse. I do not own my inherited retirement accounts and have been advised that they are not exempt from the Chapter 7 Trustee.

The client understands that he/she will be billed monthly for all amounts due for fees and costs advanced on his/her file. These amounts are due in full at the time of execution of the documents. Balances not paid by the 15<sup>th</sup> day of the month may be subject to an interest at the rate of 1.5% per month. If it is necessary to enforce this Agreement by collection proceedings, attorney's fees shall be paid at the above hourly rate.

| Agreed to by Client:             | Date         |
|----------------------------------|--------------|
| Agreed to by Frankfort Law Group | 1/-/-        |
| ( ) thousand                     | Date 6/13/16 |

#### **United States Bankruptcy Court** Northern District of Illinois

| In re | James A. Nehring                                | Debtor(s)                                                 | Case No. Chapter 7  |                      |
|-------|-------------------------------------------------|-----------------------------------------------------------|---------------------|----------------------|
|       | WED                                             | RIFICATION OF CREDITOR MA                                 |                     |                      |
|       | V E.R                                           | Number of C                                               |                     | 15                   |
|       | The above-named Debtor(s) h<br>(our) knowledge. | hereby verifies that the list of creditor                 | s is true and corre | ct to the best of my |
| Date: | June 28, 2016                                   | /s/ James A. Nehring James A. Nehring Signature of Debtor |                     |                      |

Atg Credit Llc 1700 W Cortland St Ste 2 Chicago, IL 60622

Check Systems, Inc. Attn: Customer Relations 7805 Hudson Road, Ste 100 Woodbury, MN 55125

Donald G. Seiler 308 Raven Drive Manteno, IL 60950

Equifax Information Services, LLC P.O. Box 740256 Atlanta, GA 30374-0256

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Experian P.O. Box 9701 Allen, TX 75013-9701

INTERNAL REVENUE SERVICE PO Box 7346 Philadelphia, PA 19101-7346

Matco Tools Attn: Carrie 4403 Allen Rd Stow, OH 44224

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Ntl Acct Srv 1246 University Av Saint Paul, MN 55104 Pinnacle Credit Services Po Box 640 Hopkins, MN 55343

Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541

Stellar Recovery Inc 1327 Hwy 2 W Suite 100 Kalispell, MT 59901

Steven J. Fink & Associates 25 East Washington, Ste 1233 Chicago, IL 60602

TransUnion Consumer Solutions P.O. Box 2000 Chester, PA 19022-2002